File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

SIGNATURE:

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	ED LIABILITY COMPANY ANNUAL REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Trans Para Para				
	1998				98 MAR 11 AM 9:00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF C. TALLAHASSEE, FLORIDA			
1. Name and Mailing Address DOCLIMENT #						TAL	LAHASSE	É FLORID	Λ
of Limited Liability Company DOCOWEN # L9400000345							lace of Business		
PARADISE MANOR, L.C. C/O BANTA									
P.O. BOX 24943						465 SW 20 AVE. FT LAUDERDALE FL 33312			
FT LAUDERDALE FL 33307									43
2. Principal Place of Business 2a. Mail			ling Address			3. Date Organia	zed or Qualified	3a. State of F	ormation
Suite, Apt. #, etc. Suite, A			pt. #, etc.			07/22/1994 FL			
Culto,						4. FEI Number	*		Applied For
City & State City & S			tate			65-0513674 Not Applicable			
Zip	Country	Country Zip		Countr			5. Date of Last Report 6. Certificate of Status Desire		
	7. Name and Address of Current	Docietare	1 t nomi			L 05/05/i	1997-	\$8.75 Additional	الايست
	7. Name and Address of Current	Agent		Name	8. Name and Address of New Registered Agent/Office				
4050	A, BRADFORD C N.E. 1ST AVE.			Street Address (P.O. Box Number is Not Acceptable)			ole)		
SUITE 117 OAKLAND PARK FL 33334					Suite, Apt. #, etc.				
0					<u> </u>				
		City				Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changits registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointmas registered agent, and accept the obligations.									ose of changing the appointment
SIGNATUREDATE									
(Registered Agent Accepting Appointment) (the Managing Members/Managers			NOTE Registered Agent signature required when reinstating) Business Street Address			o)	City, State and Zip Code		
	•						<u> </u>		
MGRM	MARY L. BANTA REVOCA,		1425 MIDDLE RIVER			DR.	FT LAUDERDALE FL		
MGRM	BRADFORD C. BANTA RE,		1409 MIDDLE RIVER			DR.	FT LAUDERDALE FL		
MGRM	CATHERINE M. BANTA R,		1409 MIDDLE RIVER			DR.	FT LAUDERDALE FL		
MGRM	PITTMAN, ROGER E		2890 LOVELL LANE			HUGHEYTOWN AL			
MGRM	GRM PITTMAN, DOROTHY A		2890 LOVELL LANE			HUGHEYTOWN AL			
*						70	-03/16	4585 4 6/980112 88.75 **	
ndicated or imited liabi	eby certify that the information supplied wit n this annual report is true and accurate a lity company or the receiver or trustee em	nd that my s	ignature shall	have the se	ame legal effect as	if made under oath	: that I am a man	aging member or	manager of the